

[54] **ADJUSTABLE STOP FOR ENDOTRACHEAL TUBE GUIDE**

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[21] Appl. No.: **890,401**

[22] Filed: **Mar. 27, 1978**

[51] Int. Cl.² **A61M 25/00**

[52] U.S. Cl. **128/200.26; 128/DIG. 26**

[58] Field of Search **128/351, 350 R, 349 R, 128/348, 343, 341, DIG. 26; 24/129 D, 238; 403/362, 373, 374, 367, 389-391; 151/21 C, 23**

[56] **References Cited**

U.S. PATENT DOCUMENTS

3,460,541	8/1969	Doherty	128/351
3,957,055	5/1976	Linder et al.	128/351
4,114,626	9/1978	Beran	128/DIG. 26

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[57] **ABSTRACT**

An adjustable stop is disclosed for use with endotra-

cheal tube or catheter guides for setting the depth of penetration of the distal end of the guide into the endotracheal tube or catheter. The adjustable stop is composed of a body of resilient material having a central bore extending completely through the body. A surface portion of the body is provided for abutment against the opening to the endotracheal tube or catheter. At least one hole, laterally displaced from the central bore, extends partially into the resilient body from the rear surface. The guide is inserted into the adjustable stop through the central bore, and the stop is manually positioned along the length of the guide with respect to its distal end to set the desired depth of penetration. The proximal end portion of the guide is formed into a suitable handle and the end is manually inserted into the laterally displaced hole. The forced insertion of the proximal end of the guide into the laterally displaced hole provides a secure anchor for the handle while producing a clamping and locking force upon the surface of the guide by stretching the walls of the resilient body surrounding the bore.

11 Claims, 5 Drawing Figures

